

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	IN01159K
	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which
☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: []

Typed or printed name		
Signature	Date	

Express Mail Label No.	E1403237293US
Date	July 19, 2001

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
ANIL K.		SAKSENA	
Inventor's Signature	<i>Anil K. Sakse</i>		Date
			6/8/01
Residence: City	UPPER MONTCLAIR	State	NJ
		Country	USA
Post Office Address	53 BEVERLY ROAD		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
		ZIP	07043
		Country	USA

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

09903955-01901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature	<i>U. Vallabhan</i>			Date	6/8/01		
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature	<i>Raymond G. Lovey</i>			Date	6/8/01		
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature	<i>Edwin</i>			Date	6/8/01		
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071901

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature		<i>Frank Bennett</i>				Date	
		6/8/01					
Residence: City		PISCATAWAY		State		NJ	
				Country		USA	
Citizenship		SCOTLAND					
Post Office Address							
419 DRACO ROAD							
Post Office Address							
City		PISCATAWAY		State		NJ	
				ZIP		08854	
Country		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature		<i>Jing d. Mulick</i>				Date	
		6/8/01					
Residence: City		EDISON		State		NJ	
				Country		USA	
Citizenship		USA					
Post Office Address							
5 PACE DRIVE							
Post Office Address							
City		EDISON		State		NJ	
				ZIP		08820	
Country		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature						Date	
Residence: City		CRANBURY		State		NJ	
				Country		USA	
Citizenship		CHINA					
Post Office Address							
5 CUBBERLY COURT							
Post Office Address							
City		CRANBURY		State		NJ	
				ZIP		08512	
Country		USA					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955-071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature	<i>Russell E Pike</i>					Date	<i>June 8, 2001</i>
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature	<i>Stephane L Bogen</i>					Date	<i>06/08/01</i>
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature	<i>Chan Tin Yau</i>					Date	<i>6/8/2001</i>
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 8/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature	<i>Yi Tsung Liu</i>					Date	Jun 8, 2001
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	USA (NT) CHINA
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature	<i>Zhaoning Zhu</i>					Date	06/08/01
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NGOROGGE			
Inventor's Signature	<i>F. George Ngorogge</i>					Date	06/08/01
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

POSTED 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 8/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature	<i>Ashok Arasappa</i>					Date	06/08/01
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09900955-1071904

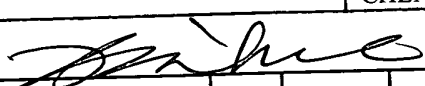
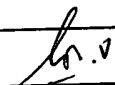
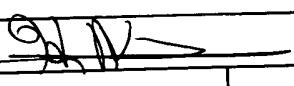
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature						Date	6/8/01
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature						Date	8 th June 01
Residence: City	FORDS	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.				VACCARO			
Inventor's Signature						Date	6/8/01
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09008955 071901

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u> </u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.				PINTO				
Inventor's Signature		<i>Patrick C. Pinto</i>			6/8/01 Date			
Residence: City		MORRIS PLAINS		State	NJ	Country		USA
Post Office Address		34 BATTLE RIDGE ROAD						
Post Office Address								
City		MORRIS PLAINS		State	NJ	ZIP		07950
						Country		USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
BAMA				SANTHANAN				
Inventor's Signature					Date			
Residence: City		BRIDGEWATER		State	NJ	Country		USA
Post Office Address		10 SOMERSET AVENUE						
Post Office Address								
City		BRIDGEWATER		State	NJ	ZIP		08807
						Country		USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
SCOTT JEFFREY				KEMP				
Inventor's Signature					Date			
Residence: City		SAN DIEGO		State	CA	Country		USA
Post Office Address		7873 AVENIDA NAVIDAD #263						
Post Office Address								
City		SAN DIEGO		State	CA	ZIP		92130
						Country		USA

City	SAN DIEGO	State	CA	ZIP	92150
------	-----------	-------	----	-----	-------

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA


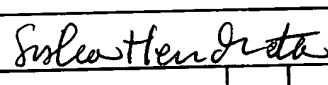
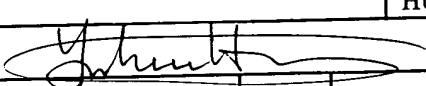
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
WANLI				WU			
Inventor's Signature						Date	6/8/01
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 30 SHEPPARD PLACE							
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SISKA				HENDRATA			
Inventor's Signature						Date	6/8/01
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 25 CINDER ROAD, APT. 2F							
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA				HUANG			
Inventor's Signature						Date	6/8/01
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 61 SPRUCE MILL LANE							
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number IN01159K
First Named Inventor SAKSENA, et al

COMPLETE IF KNOWN

Application Number /
Filing Date July 19, 2001
Group Art Unit To Be Assigned
Examiner Name to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which (Title of the invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

E1403237293US

Date

July 19, 2001

09908955 "071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 →

Place Customer Number Bar Code Label here

☐ OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
ANIL K.		SAKSENA	
Inventor's Signature		Date	
Residence: City	UPPER MONTCLAIR	State	NJ
		Country	USA
Post Office Address	53 BEVERLY ROAD		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
		ZIP	07043
		Country	USA

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature						Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature						Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature						Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address 419 DRACO ROAD							
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address 5 PACE DRIVE							
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature						Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 5 CUBBERLY COURT							
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09008955 1071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

090695 071001

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature						Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
F. GEORGE				NGOROGÉ			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
KEVIN X.				CHEN				
Inventor's Signature				Date				
Residence: City		ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address		44 GILL LANE, APT. 1D						
Post Office Address								
City		ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
SRIKANTH				VENKATRAMAN				
Inventor's Signature				Date				
Residence: City		FORDS	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address		6 TULIP DRIVE, #3H						
Post Office Address								
City		FORDS	State	NJ	ZIP	08863	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
HENRY A.				VACCARO				
Inventor's Signature				Date				
Residence: City		SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address		123 SOMERSET AVENUE						
Post Office Address								
City		SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
PATRICK A.		PINTO	
Inventor's Signature			Date
Residence: City	MORRIS PLAINS	State	NJ
		Country	USA
Post Office Address	34 BATTLE RIDGE ROAD		
Post Office Address			
City	MORRIS PLAINS	State	NJ
		ZIP	07950
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BAMA		SANTHANAY / M ^{S.B.} 6/15/01	
Inventor's Signature	<i>S. Bama</i>		Date
Residence: City	BRIDGEWATER	State	NJ
		Country	USA
Post Office Address	10 SOMERSET AVENUE		
Post Office Address			
City	BRIDGEWATER	State	NJ
		ZIP	08807
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
SCOTT JEFFREY		KEMP	
Inventor's Signature			Date
Residence: City	SAN DIEGO	State	CA
		Country	USA
Post Office Address	7873 AVENIDA NAVIDAD #263		
Post Office Address			
City	SAN DIEGO	State	CA
		ZIP	92130
		Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

00008955 071901

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
unless it contains a

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
WANLI				WU			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 30 SHEPPARD PLACE							
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SISKA				HENDRATA			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 25 CINDER ROAD, APT. 2F							
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA				HUANG			
Inventor's Signature						Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 61 SPRUCE MILL LANE							
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	IN01159K
	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

EI403237293US

Date

July 19, 2001

09908955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
ANIL K.		SAKSENA	
Inventor's Signature		Date	
Residence: City	UPPER MONTCLAIR	State	NJ
		Country	USA
Post Office Address	53 BEVERLY ROAD		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
		ZIP	07043
		Country	USA

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature				Date			
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address		10 MAPLEWOOD DRIVE					
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature				Date			
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address		65 WOODSIDE AVENUE					
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature				Date			
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address		20 CROSSWOOD WAY					
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature						Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address		419 DRACO ROAD					
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address		5 PACE DRIVE					
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature						Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address		5 CUBBERLY COURT					
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09903955 "071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

0908955 074901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 9

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
YI-TSUNG					LIU				
Inventor's Signature							Date		
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	34 ALEXANDRIA ROAD								
Post Office Address									
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
ZHAONING					ZHU				
Inventor's Signature							Date		
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	34 STONEHEDGE DRIVE								
Post Office Address									
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])					Family Name or Surname				
F. GEORGE					NGOROGGE				
Inventor's Signature							Date		
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA		
Post Office Address	11 SOFTWOOD WAY								
Post Office Address									
City	WARREN	State	NJ	ZIP	07059	Country	USA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address 18LARSEN COURT							
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address 1885 EDNAMARY WAY, UNIT C							
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature	<i>Ashir K. Ganguly</i>					Date	6/16/01
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address 96 COOPER AVENUE							
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071904

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature						Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature						Date	
Residence: City	FORDS	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.				VACCARO			
Inventor's Signature						Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 7 of 9

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature						Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAN					
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071901

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

090895 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
WANLI				WU			
Inventor's Signature				Date			
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 30 SHEPPARD PLACE							
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SISKA				HENDRATA			
Inventor's Signature				Date			
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 25 CINDER ROAD, APT. 2F							
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA				HUANG			
Inventor's Signature				Date			
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 61 SPRUCE MILL LANE							
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

POST 70 55680660

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 8/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number IN01159K

First Named Inventor SAKSENA, et al

COMPLETE IF KNOWN

Application Number /

Filing Date July 19, 2001

Group Art Unit To Be Assigned

Examiner Name to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No. E1403237293US

Date July 19, 2001

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 → ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
ANIL K.		SAKSENA					
Inventor's Signature		Date					
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
VIYYOOR MOOPIL				GIRJAVALLABHAN			
Inventor's Signature						Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature						Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature						Date	
Residence: City		PISCATAWAY		State NJ		Country USA	
Post Office Address		419 DRACO ROAD					
Post Office Address							
City		PISCATAWAY		State NJ		ZIP 08854	
				Country USA		Citizenship SCOTLAND	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature						Date	
Residence: City		EDISON		State NJ		Country USA	
Post Office Address		5 PACE DRIVE					
Post Office Address							
City		EDISON		State NJ		ZIP 08820	
				Country USA		Citizenship USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature						Date	
Residence: City		CRANBURY		State NJ		Country USA	
Post Office Address		5 CUBBERLY COURT					
Post Office Address							
City		CRANBURY		State NJ		ZIP 08512	
				Country USA		Citizenship CHINA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

+

T06T9 55680660

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 1071901

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>7</u>
--------------------	---

Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 34 ALEXANDRIA ROAD							
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature						Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 34 STONEHEDGE DRIVE							
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NGOROG			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address 11 SOFTWOOD WAY							
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09900955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature					Date		
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address		18LARSEN COURT					
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature		<i>Sparking</i>			Date		6/14/2001
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address		1885 EDNAMARY WAY, UNIT C					
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address		96 COOPER AVENUE					
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature						Date	
Residence: City		ISELIN		State NJ		Country USA	
Post Office Address		44 GILL LANE, APT. 1D					
Post Office Address							
City		ISELIN		State NJ		ZIP 08830	
Country		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature						Date	
Residence: City		FORDS		State NJ		Country USA	
Post Office Address		6 TULIP DRIVE, #3H					
Post Office Address							
City		FORDS		State NJ		ZIP 08863	
Country		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.				VACCARO			
Inventor's Signature						Date	
Residence: City		SOUTH PLAINFIELD		State NJ		Country USA	
Post Office Address		123 SOMERSET AVENUE					
Post Office Address							
City		SOUTH PLAINFIELD		State NJ		ZIP 07080	
Country		USA					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

T06T20" 55680660

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 9

Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.				PINTO			
Inventor's Signature						Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
BAMA				SANTHANAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 "071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 9

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ODILE ESTHER

LEVY

Inventor's
Signature

Date

Residence: City

SAN DIEGO

State

CA

Country

USA

Citizenship

USA

Post Office Address

5304 RUETTE DE MER

Post Office Address

City

SAN DIEGO

State

NJ

ZIP

92130

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MARGUERITA

LIM-WILBY

Inventor's
Signature

Date

Residence: City

LA JOLLA

State

CA

Country

USA

Citizenship

MALAYSIA

Post Office Address

6333 CASTENJON DRIVE

Post Office Address

City

SANTA FE

State

NM

ZIP

92037

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

SUSAN Y.

TAMURA

Inventor's
Signature

Date

Residence: City

SANTA FE

State

NM

Country

USA

Citizenship

USA

Post Office Address

2213 CALLE CACIQUE

Post Office Address

City

SANTA FE

State

NM

ZIP

87505

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

00908955 074904

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
WANLI				WU			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SISKA				HENDRATA			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA				HUANG			
Inventor's Signature						Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number IN01159K

First Named Inventor SAKSENA, et al

COMPLETE IF KNOWN

Application Number /

Filing Date July 19, 2001

Group Art Unit To Be Assigned

Examiner Name to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

E1403237293US

Date

July 19, 2001

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
ANIL K.		SAKSENA			
Inventor's Signature		Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA
Post Office Address	53 BEVERLY ROAD				
Post Office Address					
City	UPPER MONTCLAIR	State	NJ	ZIP	07043
		Country	USA		

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 9

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL

GIRIJAVALLABHAN

Inventor's
Signature

Date

Residence: City

PARSIPPANY

State

NJ

Country

USA

Citizenship

USA

Post Office Address

10 MAPLEWOOD DRIVE

Post Office Address

City

PARSIPPANY

State

NJ

ZIP

07054

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RAYMOND G.

LOVEY

Inventor's
Signature

Date

Residence: City

WEST CALDWELL

State

NJ

Country

USA

Citizenship

USA

Post Office Address

65 WOODSIDE AVENUE

Post Office Address

City

WEST CALDWELL

State

NJ

ZIP

07006

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

EDWIN

JAO

Inventor's
Signature

Date

Residence: City

WARREN

State

NJ

Country

USA

Citizenship

USA

Post Office Address

20 CROSSWOOD WAY

Post Office Address

City

WARREN

State

NJ

ZIP

07059

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature						Date	
Residence: City		PISCATAWAY		State	NJ	Country	USA
Post Office Address		419 DRACO ROAD					
Post Office Address							
City		PISCATAWAY		State	NJ	ZIP	08854
				Country	USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature						Date	
Residence: City		EDISON		State	NJ	Country	USA
Post Office Address		5 PACE DRIVE					
Post Office Address							
City		EDISON		State	NJ	ZIP	08820
				Country	USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature		<i>Haiyan Wang</i>				Date	
Residence: City		CRANBURY		State	NJ	Country	USA
Post Office Address		5 CUBBERLY COURT					
Post Office Address							
City		CRANBURY		State	NJ	ZIP	08512
				Country	USA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature						Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NGOROGGE			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature						Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature						Date	
Residence: City	FORDS	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.				VACCARO			
Inventor's Signature						Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.				PINTO			
Inventor's Signature						Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
BAMA				SANTHANAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SUSAN Y.				TAMURA			
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 9

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

WANLI

WU

Inventor's
Signature

Date

Residence: City

EDISON

State

NJ

Country

USA

Citizenship

CHINA

Post Office Address

30 SHEPPARD PLACE

Post Office Address

City

EDISON

State

NJ

ZIP

08817

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

SISKA

HENDRATA

Inventor's
Signature

Date

Residence: City

EDISON

State

NJ

Country

USA

Citizenship

CHINA

Post Office Address

25 CINDER ROAD, APT. 2F

Post Office Address

City

EDISON

State

NJ

ZIP

08820

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YUHUA

HUANG

Inventor's
Signature

Date

Residence: City

SCOTCH PLAINS

State

NJ

Country

USA

Citizenship

CHINA

Post Office Address

61 SPRUCE MILL LANE

Post Office Address

City

SCOTCH PLAINS

State

NJ

ZIP

07076

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

24745-1603H
10-105-001D

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	IN01159K
	First Named Inventor	SAKSENA, et al
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 19, 2001
	Group Art Unit	To Be Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which (Title of the Invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: []

Typed or printed name			
Signature		Date	

Express Mail Label No.	E1403237293US
Date	July 19, 2001

0900855-071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 → Place Customer Number Bar Code Label here

☐ OR Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
ANIL K.	SAKSENA

Inventor's Signature					Date		
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

0908955 071904

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature						Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature						Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature						Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature						Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09008955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

090895 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 34 ALEXANDRIA ROAD							
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature						Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address 34 STONEHEDGE DRIVE							
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NGOROGGE			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address 11 SOFTWOOD WAY							
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

099000055 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature				Date			
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address		44 GILL LANE, APT. 1D					
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature				Date			
Residence: City	FORDS	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address		6 TULIP DRIVE, #3H					
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.				VACCARO			
Inventor's Signature				Date			
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address		123 SOMERSET AVENUE					
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.				PINTO				
Inventor's Signature				Date				
Residence: City		MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address		34 BATTLE RIDGE ROAD						
Post Office Address								
City		MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
BAMA				SANTHANAN				
Inventor's Signature				Date				
Residence: City		BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address		10 SOMERSET AVENUE						
Post Office Address								
City		BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
SCOTT JEFFREY				KEMP				
Inventor's Signature		<i>Scott Kemp</i>		Date		6/15/01		
Residence: City		SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address		7873 AVENIDA NAVIDAD #263						
Post Office Address								
City		SAN DIEGO	State	CA	ZIP	92130	Country	USA

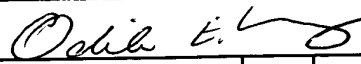
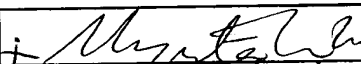
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature				Date	6/15/01		
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature				Date	6/15/01		
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SUSAN Y.				TAMURA			
Inventor's Signature				Date			
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
WANLI				WU			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SISKA				HENDRATA			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA				HUANG			
Inventor's Signature						Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

24745-1003H
10-105-001DPlease type a plus sign (+) inside this box → ☐PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number IN01159K

First Named Inventor SAKSENA, et al

COMPLETE IF KNOWN

Application Number

/

Filing Date

July 19, 2001

Group Art Unit

To Be Assigned

Examiner Name

to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

E1403237293US

Date

July 19, 2001

T06120 55680660

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634				
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
ANIL K.	SAKSENA

Inventor's Signature	Date
----------------------	------

Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
-----------------	-----------------	-------	----	---------	-----	-------------	-----

Post Office Address	53 BEVERLY ROAD
---------------------	-----------------

Post Office Address	
---------------------	--

City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
------	-----------------	-------	----	-----	-------	---------	-----

☒ Additional inventors are being named on the 7 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
VIYYOOR MOOPIL		GIRJAVALLABHAN	
Inventor's Signature			Date
Residence: City	PARSIPPANY	State	NJ
		Country	USA
Post Office Address	10 MAPLEWOOD DRIVE		
Post Office Address			
City	PARSIPPANY	State	NJ
		ZIP	07054
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RAYMOND G.		LOVEY	
Inventor's Signature			Date
Residence: City	WEST CALDWELL	State	NJ
		Country	USA
Post Office Address	65 WOODSIDE AVENUE		
Post Office Address			
City	WEST CALDWELL	State	NJ
		ZIP	07006
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
EDWIN		JAO	
Inventor's Signature			Date
Residence: City	WARREN	State	NJ
		Country	USA
Post Office Address	20 CROSSWOOD WAY		
Post Office Address			
City	WARREN	State	NJ
		ZIP	07059
		Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

1061205680660

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
FRANK				BENNETT			
Inventor's Signature						Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JINPING L.				MC CORMICK			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HAIYAN				WANG			
Inventor's Signature						Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

106720 55680660

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RUSSELL E.				PIKE			
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address RD #1, 31 FLORENCE STREET							
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address 13 DAHLIA ROAD							
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TIN-YAU				CHAN			
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address 26 BARLOW ROAD							
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

106720 55630660

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature						Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature						Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
F. GEORGE				NGOROGÉ			
Inventor's Signature						Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09908955 071901

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 9

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.				GANGULY			
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature						Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH				VENKATRAMAN			
Inventor's Signature						Date	
Residence: City	FORDS	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.				VACCARO			
Inventor's Signature						Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 7

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.				PINTO			
Inventor's Signature				Date			
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
BAMA				SANTHANAN			
Inventor's Signature				Date			
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature				Date			
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>9</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
SUSAN Y.				TAMURA			
Inventor's Signature	<i>Susan Yoshiko Tamura</i>					Date	6/28/01
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

090855 071601

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
WANLI		WU	
Inventor's Signature			Date
Residence: City	EDISON	State	NJ
		Country	USA
		Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE		
Post Office Address			
City	EDISON	State	NJ
		ZIP	08817
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
SISKA		HENDRATA	
Inventor's Signature			Date
Residence: City	EDISON	State	NJ
		Country	USA
		Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F		
Post Office Address			
City	EDISON	State	NJ
		ZIP	08820
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
YUHUA		HUANG	
Inventor's Signature			Date
Residence: City	SCOTCH PLAINS	State	NJ
		Country	USA
		Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE		
Post Office Address			
City	SCOTCH PLAINS	State	NJ
		ZIP	07076
		Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

106T20 55690660